

GOVERNMENT TRAVEL CARD (INDIVIDUALLY BILLED ACCOUNT) SETUP FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

SECTION I

INSTRUCTIONS

1. To add a new account, Cardholder completes Section II and signs in Section VI, AOPC completes Sections III through V and signs in Section VII.
2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files.
3. Fax to (904) 954-8710 or Mail to Citibank Government Card Services, P.O. Box 45134, Jacksonville, FL 32232-5134.

SECTION II

CARDHOLDER INFORMATION (Please Print)

*Last Name:

*First Name:

*Middle Initial:

Agency/Organization Name: Department of Homeland Security/USCG

* Verification Information:

4th Line Embossing: U.S. DHLS

(Applicant assigns personal password, either a word or date)

*Home Mailing Address:

*Social Security Number:

*Street:

*Home Phone: ()

*City:

*State:

*Zip Code:

*Country:

*Work Mailing Address:

*Business Phone: ()

*Unit:

*Street:

*City:

*State:

*Zip Code:

Country

* Email Address:

City Pair Program: YES

* Fax Number:

*Unit ATU-& OPFAC:

(Master Accounting Code)

SECTION III

REPORTING PARAMETERS

Reporting Hierarchy: 26900-56000-

Card Delivery ID #: (maximum 5 characters)

SECTION IV

AUTHORIZATION PARAMETERS

Dollars per Transaction Limit: \$

Travellers Cheques: Y N

Dollars per Cycle Limit: \$

ATM Access: Y N

Number of Transactions: Daily Cycle

ATM Access Limit: Daily \$ Weekly \$ Cycle \$

SECTION V

*PLASTIC TYPE (Please check one of the following)

Government Standard ☒ X

Quasi-Generic

Non-POS (White)

Generic

SECTION VI

CARDHOLDER SIGNATURE

By signing this application, I acknowledge I have read the Citibank Government Card Services Travel Program Cardholder Account Agreement and agree to be bound by the terms and conditions as set forth in the Agreement.

*Cardholder Signature :

*Date :

SECTION VII

AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE

Approving Agency/Organization Program Coordinator's Signature

Date

*Asterisked fields must be completed prior to submission. Ensure Unit Citibank representative reviews and has Command Recommendation/Acceptance Statement on file CR004 Revised 11041998F